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FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

| OMB APPROVAL             |         |                  |  |  |  |  |
|--------------------------|---------|------------------|--|--|--|--|
| OMB Num                  |         | 3235-0076        |  |  |  |  |
| Expires:                 | April 3 | 0,2008<br>burden |  |  |  |  |
| Estimated                | average | burden           |  |  |  |  |
| hours per response,16,00 |         |                  |  |  |  |  |

SEC USE ONLY

| SECTION 4(6), AND/OR  | DATE RECEIVED   |
|---|---|
| UNIFORM LIMITED OFFERING EXEMI  | PTION   |
| ame of Offering (   check if this is an amendment and name has changed, and indicate change.)   | <del></del>   |
| ffering of Common Stock and Warrants to existing shareholders   |   |
| iling Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ype of Filing:  New Filing Amendment   | ☐ nroe  |
| A. BASIC IDENTIFICATION DATA  |   |
| Enter the information requested about the issuer  |   |
| ame of Issuer ( check if this is an amendment and name has changed, and indicate change.)   |   |
| ZanAqua Technologies, Inc.  |   |
| ddress of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)  |
| 12 Executive Drive, Unit 1, Hudson, NH 03051  | (603) 883-3220  |
| ddress of Principal Business Operations (Number and Street, City, State, Zip Code) f different from Executive Offices)  | Telephone Number (Including Area Code)  |
| rief Description of Business  | <u> </u>  |
| Small scale water treatment solutions   | BBAAFCC   |
| · · · · · · · · · · · · · · · · · · ·   | PROCESSE  |
| ype of Business Organization  |   |
| ☐ corporation ☐ limited partnership, already formed ☐ other (p  | please specify): P JUL 1 1 2008   |
| Month Year  |   |
| ctual or Estimated Date of Incorporation or Organization:   | mated THOMSON REU   |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  | e:  |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State<br>CN for Canada; FN for other foreign jurisdiction)   |   |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) ENERAL INSTRUCTIONS  | e:  |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State<br>CN for Canada; FN for other foreign jurisdiction)   |   |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  ENERAL INSTRUCTIONS  Tederal:  The Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 706(6).  | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  ENERAL INSTRUCTIONS  Rederal:  Who Must Fils: All issuers making an offering of securities in reliance on an exemption under Regulation Description.  | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  |
| consideration of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  ENERAL INSTRUCTIONS  Tederal:  The Must File: All issuers making an offering of securities in reliance on an exemption under Regulation December 15.  Then To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by  | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  B. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on  |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  ENERAL INSTRUCTIONS  Tederal:  The Must Fils: All issuers making an offering of securities in reliance on an exemption under Regulation Dec.  To file: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be thick it is due, on the date it was mailed by United States registered or certified mail to that address.   | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  B. A notion is deemed filed with the U.S. Securities below or, if received at that address after the date on 0549.  |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  ENERAL INSTRUCTIONS  Vederal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation De 7d(6).  When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by thich it is due, on the date it was mailed by United States registered or certified mail to that address.  Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual.   | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  B. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on 1549.  By signed. Ar any changes any changes   |
| urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  ENERAL INSTRUCTIONS  The Must File: All issuers making an offering of securities in reliance on an exemption under Regulation De 7d(6).  Then To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by thich it is due, on the date it was mailed by United States registered or certified mail to that address.  Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20  Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually shotocopies of the manually signed copy or bear typed or printed signatures.  Information Required: A new filing must contain all information requested. Amendments need only repondereto, the information requested in Part C, and any material changes from the information previously supp       | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  B. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on 1549.  By signed. Ar any changes any changes   |
| ENERAL INSTRUCTIONS  SENERAL INSTRUCTIONS  Selected:  The Must File: All issuers making an offering of securities in reliance on an exemption under Regulation De 7d(6).  Then To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by thich it is due, on the date it was malled by United States registered or certified mail to that address.  Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually shotocopies of the manually signed copy or bear typed or printed signatures.  Information Required: A new filing must contain all information requested. Amendments need only report the filed with the SEC.  | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  g. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on 19549.  Illy signed. Ar an annually signed must be not the namplied in Pr  |
| ENERAL INSTRUCTIONS  SENERAL INSTRUCTIONS  Selected in reliance on an exemption under Regulation Described in reliance on an exemption under Regulation Described in the offering of securities in reliance on an exemption under Regulation Described in the offering of securities in reliance on an exemption under Regulation Described in the offering of the date in securities in the offering and Exchange Commission (SEC) on the earlier of the date in seccived by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.  Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20 Copies Required: Five (S) copies of this notice must be filed with the SEC, one of which must be manually hotocopies of the manually signed copy or bear typed or printed signatures.  Information Required: A new filing must contain all information requested. Amendments need only reponents, the information requested in Part C, and any material changes from the information previously supposed the filed with the SEC. | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  g. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on 1549.  Illy signed. Ar an an any changes below in the name of the name |
| company this form. This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for state on the separate notice with the sere to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for company this form. This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for a JLOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with state law.  | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  g. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on 1549.  Illy signed. Ar an an any changes below in the name of the name |

filing of a federal notice.

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|--|
| 2. Enter the information requested for the following:  |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>  |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.  |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and                          |
| Each general and managing partner of partnership issuers.  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   |
| Full Name (Last name first, if individual)   |
| Callaghan, Mark F.   |
| Business or Residence Address (Number and Street, City. State, Zip Code)   |
| c/o ZanAqua Technologies, Inc., 12 Executive Drive, Unit 1, Hudson, NH 03051   |
| Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or Managing Partner   |
| Full Name (Last name first, if individual)   |
| Zebuhr, William H.   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| c/o ZanAqua_Technologies, Inc., 12 Executive Drive, Unit 1, Hudson, NH 03051   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   |
| Full Name (Last name first, if individual)   |
| Cox, Christine J   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| c/o ZanAqua Technologies, Inc., 12 Executive Drive, Unit 1, Hudson, NH 03051   |
| Check Dox(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   |
| Full Name (Last name first, if individual)   |
|  |
| Magida, Stephen A.  Business or Residence Address (Number and Street, City, State, Zip Code)   |
| c/o ZanAqua Technologies, Inc., 12 Executive Drive, Unit 1, Hudson, NH 03051   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner   |
| Full Name (Last name first, if individual)   |
| Ball, Charles E.   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| c/o ZanAqua Technologies, Inc., 12 Executive Drive, Unit 1, Hudson, NH 03051   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   |
| Full Name (Last name first, if individual)   |
| Docmany, George C.   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| c/c ZanAqua Technologies, Inc., 12 Executive Drive, Unit 1, Hudson, NH 03051   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner   |
| Full Name (Last name first, if individual)   |
| Lewandowski, Laurie  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| c/o ZanAqua Technologies, Inc., 12 Executive Drive, Unit 1, Hudson, NH 03051  (Use blank sheet, or copy and use additional copies of this sheet, as necessary) |

| PATHER LEVERY BUT BELLEVILLE APASICIDENTIFICATION DATA LA LEL LEVER PER LIFT & SUSTEIN  |                                       |
|---|---------------------------------------|
| 2. Enter the information requested for the following:   |                                       |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>                                       |                                       |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the | : issuer.                             |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and                 |                                       |
| Each general and managing partner of partnership issuers.   |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner                                      |                                       |
| Full Name (Last name first, if individual)  |                                       |
| Shaw, Beverley  |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                       |
| c/o ZanAqua Technologies, Inc., 12 Executive Drive, Unit 1, Hudson, NH 03051  |                                       |
| Check Box(es) that Apply: Promoter 🔀 Beneficial Owner 🔲 Executive Officer 🔲 Director 🔲 General and/or Managing Partner                              |                                       |
| Full Name (Last name first, if individual)  |                                       |
| Andlinger Capital XI LLC  |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  | <del>-</del> -                        |
| c/o Andlinger & Company, LLC, 303 South Broadway, Tarrytown, NY 10591   |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Pertner                                      |                                       |
| Full Name (Last name first, if individual)  |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                       |
|   |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner                                      |                                       |
| Full Name (Last name first, if individual)  | · · · · · · · · · · · · · · · · · · · |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner                                      |                                       |
| Full Name (Last name first, if individual)  |                                       |
| ·   |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner                                      |                                       |
| Full Name (Last name first, if individual)  |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                                       |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner                                      |                                       |
| Full Name (Last name first, if individual)  |                                       |
| Business or Residence Address (Number and Street, City, State, Zip Code)  | <del></del>                           |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary)  |                                       |

|             | 都警  |   |  |  | <b>ANIN</b>                      | FORMATI                       | NASOTA             | ÖFFERIN       | GL SE         |               | ri <b>ya</b> ji                         |              | 1337          |
|-------------|---|---|--|--|----------------------------------|-------------------------------|--------------------|---------------|---------------|---------------|---|--------------|---------------|
| 1.          | I fas the i                                       | ssuer sold  | or does the  | e issuer in                                    | tend to sell                     | , to non-ac                   | credited in        | vestors in    | this offerin  | e?            |   | Yes          | No<br>[X]     |
| ••          | .,  |   | V. 0000 t  |  |                                  | Appendix,                     |                    |               |               | -             |   | لبا          | ш             |
| 2.          | What is t   | the minim   | ım investm   | ent that wi                                    | II be accep                      | ted from ar                   | y individu         | a1?           | ************  |               |   | \$ 0.50      |               |
|             | Dava thu  | ~~-:  |  | a  |                                  | e unit?                       |                    |               |               |               |   | Yes          | No            |
| 3.<br>4.    |   |   | _  |  |                                  | ho has beer                   |                    |               |               |               |   | X            | Li            |
| 7.          | commiss   | ion or simi                                       | lar remuner  | ation for se                                   | olicitation (                    | of purchase                   | rs in conne        | ction with s  | ales of sec   | urities in th | e offering.                             |              |               |
|             | or states,  | list the na                                       | me of the br   | oker or de                                     | aler. If mo                      | nt of a broke<br>re than five | (5) person         | s to be liste | d are assoc   |               |   |              |               |
| <del></del> |   |   |  |  | informatio                       | on for that l                 | proker or d        | caler only.   | ·             | · <u>-</u>    |   |              |               |
|             | name (L<br>one                                    | ast name i  | irst, if indi  | viduai)  |                                  |                               |                    |               |               |               |   |              |               |
| _           | _   | Residence .                                       | Address (N   | umber and                                      | Street, Ci                       | y, State, Zi                  | p Code)            |               |               |               |   |              |               |
| Na          | me of Ass   | ociated Br  | oker or Dea  | iler   |                                  |                               |                    | <del></del>   |               |               | <del></del>                             |              |               |
|             |   |   |  |  |                                  |                               |                    |               |               |               |   |              |               |
| Sta         |   |   |  |  |                                  | to Solicit P                  | -                  |               |               |               |   |              | States        |
|             | `   | VII States  | OI CHECK   | INGIYIGOZI                                     |                                  |                               |                    |               |               |               |   |              | States        |
|             | (AL   | ĀK  | AZ   | AR<br>WA                                       | (CA)                             | <u>[[]</u>                    | CT                 | DE            | (DC)          | FI.           | GA                                      |              |               |
|             | (IL)<br>(MT)                                      | NE)   | IA<br>NV   | KS<br>NH                                       | KY<br>NJ                         | LA<br>NM                      | ME)<br>(NY)        | MD<br>NC      | MA<br>ND      | MI<br>OII     | (OK)                                    | MS<br>OR     | MO<br>PA      |
|             | RI  | SC  | SD   | TN   | TX                               |                               | VT                 | VA            | WA            | ŴV            | WI                                      | WY           | PR            |
| Fu          | Il Name (I  | ast name  | first, if indi   | vidual)  |                                  |                               |                    |               |               |               |   |              |               |
| Bu          | siness or   | Residence   | Address (1   | Number an                                      | d Street, C                      | ity, State, 2                 | Zip Code)          | <del></del>   | _             | =             |   |              |               |
| _           |   |   |  |  |                                  |                               |                    |               |               |               |   |              |               |
| Na          | me of Ass   | ocialed Br  | oker or De   | BICT   |                                  | -                             |                    |               |               |               |   |              |               |
| Sta         | ates in Wh  | ich Person  | Listed Has   | Solicited                                      | or Intends                       | to Solicit l                  | Purchasers         |               |               |               |   |              |               |
|             | (Check  | "All States                                       | or check   | individual                                     | States)                          | *********                     | *************      | /             | ************* | . <u> </u>    | *************************************** | ☐ <b>A</b> 1 | States        |
|             | AL  | AK  | AZ   | AR   | CA                               | CO                            | CT                 | DE            | DC            | FL            | GA                                      | HI           | ID            |
|             |   | N   | IA.  | KS   | (KY)                             | LA                            | ME                 | MD            | MA            | MI            | MN                                      | MS           | MO            |
|             | MT<br>RL  | NE<br>SC  | VY<br>SD   | NH<br>TN                                       | N)<br>IX                         | MM<br>UT                      | NY<br>VI           | NC<br>VA      | ND<br>WA      | OH<br>₩V      | OK<br>WI                                | OR<br>WY     | PA<br>PR      |
| Fu          |   |   |  |  |                                  |                               |                    |               |               |               |   |              | <u> </u>      |
|             | ill Name ()                                       | Last name   | IIrst. 11 ind  | lviduali                                       |                                  |                               |                    |               |               |               |   |              |               |
| _           |   | Last name   |  |  |                                  |                               | <del>,,,</del>     |               |               |               |   |              |               |
| _           |   |   |  |  | nd Street, C                     | City, State,                  | Zip Code)          |               |               |               |   |              | <del></del> . |
| Bu          | usiness or  | Residence   |  | Number ar                                      | nd Street, C                     | City, State, C                | Zip Code)          |               |               |               |   |              |               |
| Bu          | usiness or  | Residence   | : Address (1   | Number ar                                      |                                  | City, State,                  |                    |               |               |               |   |              |               |
| Bu          | usiness or<br>name of Ass                         | Residence   | Address (I   | Number ar                                      | or Intende                       |                               | Purchasers         |               |               |               |   | . [] Al      | l States      |
| Bu          | usiness or<br>name of Ass                         | Residence   | Address (I   | Number ar                                      | or Intende                       | s to Solicit                  | Purchasers         |               | [DC]          | (FL)          | [GA]                                    | Al           | l States      |
| Bu          | ates in Wh  | Residence sociated B nich Person "All State AK IN | Address (Inches of December of | Number ar saler s Solicited individua (AR)     | or Intended i States)  [CA] [KY] | s to Solicit                  | Purchasers  CT  ME | DE<br>MD      | DC<br>MA      | (FL)<br>(ML)  | GA<br>MN                                | MS<br>MS     | ID<br>MO      |
| Bu          | usiness or<br>name of Ass<br>ates in Wh<br>(Check | Residence sociated B nich Person "All State       | Address (I<br>roker or Do<br>n Listed Ha<br>s" or check  | Number ar<br>saler<br>s Solicited<br>individua | or Intends I States)             | s to Solicit                  | Purchasers         | (DE)          | DC            | FL            | GA                                      | Ш            | Œ             |

## THE TOP CONTERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

| 1. | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   | •                           | A                          |
|----|---|-----------------------------|----------------------------|
|    | Type of Security  | Aggregate<br>Offering Price | Amount Aiready<br>Sold     |
|    | Debt  |                             |                            |
|    | Equity Common Stock and Warrants  | <u>5,000,000.</u>           | 00\$ <u>1,248,646.5</u> 0  |
|    |   |                             |                            |
|    | Convertible Securities (including warrants)   | \$ 0.00                     | <u>s</u> 0.00              |
|    | Partnership Interests   | s                           |                            |
|    | Other (Specify)   | s                           |                            |
|    | Total   | \$5,000,000.                | 00\$ 1,248,646.50          |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             |                            |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | :                           | Aggregate<br>Dollar Amount |
|    |   | Investors                   | of Purchases               |
|    | Accredited Investors  | . 15                        | \$1,248,646.50             |
|    | Non-accredited Investors  | 0                           | \$0.00                     |
|    | Total (for filings under Rule 504 only)   |                             | s                          |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  |                             |                            |
|    | Type of Offering  | Type of Security            | Dollar Amount<br>Sold      |
|    | Rule 505  | ·                           |                            |
|    | Regulation A  |                             |                            |
|    | Rule 504  |                             | . \$                       |
|    | Total   | ·                           | \$0.00                     |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate. | •                           |                            |
|    | Transfer Agent's Fees   |                             | ¬ s                        |
|    | Printing and Engraving Costs  | ······                      |                            |
|    | Legal Fees  |                             | \$ 8,000.00                |
|    | Accounting Fees   |                             | ] \$                       |
|    | Engineering Fees  | -                           | ] \$                       |
|    | Sales Commissions (specify finders' fees separately)  |                             |                            |
|    | Other Expenses (identify)   |                             |                            |
|    | Total   |                             | S \$8.000.00               |

|    | b. Enter the difference between the aggregate offeri<br>and total expenses furnished in response to Part C—<br>proceeds to the issuer."   | Question 4.a. This different                             | e is the "adjusted gross                         |  | \$ 4,992,000.00       |
|----|---|--|--|--|-----------------------|
| •  | Indicate below the amount of the adjusted gross pro-<br>each of the purposes shown. If the amount for an<br>check the box to the left of the estimate. The total of<br>proceeds to the issuer set forth in response to Part | y purpose is not known, fi<br>the payments listed must c | rnish an estimate and<br>qual the adjusted gross |  | ·                     |
|    |   |  | • .  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others |
|    | Salaries and fees   | ***************************************                  | ***************************************          |  | _ 🗆 \$                |
|    | Purchase of real estate   | ***************************************                  | ***************************************          |  | s                     |
|    | Purchase, rental or leasing and installation of mac and equipment   | chinery  |  |  | _ 🗆 s                 |
|    | Construction or leasing of plant buildings and fac  | ilities  |  |  | _ 🗆 s                 |
|    | Acquisition of other businesses (including the val<br>offering that may be used in exchange for the asso<br>issuer pursuant to a merger)  | <b>□\$</b>   | ПS   |  |                       |
|    | Repayment of indebtedness   |  |  | <del>-</del> -   |                       |
|    | Working capital   |  |  | - <del>-</del>   |                       |
|    | Other (specify):  |  |  | _  | <del>-</del>          |
|    |   |  |  |  | 🗆 5                   |
|    | Column Totals   | \$ <u>0.00</u>   | <b>54</b> ,992,000.0                             |  |                       |
| -  | Total Payments Listed (column totals added)   | . 🗀 \$_4   | 1,992,000.00                                     |  |                       |
| Ĩ, |   | D'HEDERALSIGN  | URE: 1   |  |                       |
| ig | e issuer has duly caused this notice to be signed by the<br>nature constitutes an undertaking by the issuer to fu-<br>information furnished by the issuer to any non-acc  | rnish to the U.S. Securities                             | and Exchange Comm                                | ission, upon writ                                      |                       |
| SS | uer (Print or Type)   | Signature  | <del></del>                                      | Date   |                       |
| _  | anAqua Technologies, Inc.   | 16/6   |  | 7.01.08  |                       |
| ٧e | me of Signer (Print or Type)  | Title of Signer (Print or                                |  |  |                       |
| C  | hristine J. Cox   | Chief Financia   | al Officer &                                     | Treasurer  |                       |

**END** 

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)